

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.												
09/310,024	05/11/99	395 703	2763 2123	09976-5(OB00)												
APPLICANT	NOBUHITO MATSUSHIRO, TOKYO, JAPAN.															
	CONTINUING DOMESTIC DATA*** VERIFIED <u>Hf</u> none															
	371 (NAT'L STAGE) DATA*** VERIFIED <u>Hf</u> none															
	FOREIGN APPLICATIONS*** VERIFIED JAPAN 10-145036 05/11/98 <u>fine Hf</u>															
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 06/02/99																
<table border="1"><tr><td>Foreign Priority claimed 35 USC 119 (a-d) conditions met</td><td><input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance</td><td>STATE OR COUNTRY</td><td>SHEETS DRAWING</td><td>TOTAL CLAIMS</td><td>INDEPENDENT CLAIMS</td></tr><tr><td>Verified and Acknowledged</td><td><u>Hf</u> Examiner's Initials</td><td>JPX</td><td>8</td><td>8</td><td>3</td></tr></table>					Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS	Verified and Acknowledged	<u>Hf</u> Examiner's Initials	JPX	8	8	3
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Verified and Acknowledged	<u>Hf</u> Examiner's Initials	JPX	8	8	3											
ADDRESS	SEE CUSTOMER NUMBER: 000570															
TITLE	METHOD AND DEVICE OF IMAGE TRANSFORM															
FILING FEE RECEIVED	<table border="1"><tr><td>\$760</td><td>FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:</td><td><input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____</td></tr></table>				\$760	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____									
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